

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09/786214** FILING DATE
APPLICANT(S)

8/26/4 CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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50						
TOTAL IND.					2	
TOTAL DEP.					2	
TOTAL CLAIMS					4	

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.					9	
TOTAL DEP.					14	
TOTAL CLAIMS					23	

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADAMENDMENTS

$4 + 9 = 13$